

Voluntary Furlough Request Acknowledgement

I, _____, am requesting to voluntarily furlough (voluntarily take a reduction in my work hours and pay), in addition to the six (6) mandatory furlough days required by 101 KAR 5:015E.

- I understand that if I voluntarily furlough at the beginning of a month and a circumstance arises at any point thereafter, causing my hours worked to fall below one hundred (100), there is a risk for loss of benefit (i.e.: Health Insurance, Leave Accrual, Months of Service)
- I have made the decision to voluntarily furlough under my own will and with the understanding that I will receive nothing in exchange from my employing cabinet or agency.
- Furthermore, as this is a voluntary decision I have made, I acknowledge I may not be eligible for unemployment benefits.

By signing below, I acknowledge the potential conditions associated with my request to voluntarily furlough. In addition, I understand that this request is subject to the prior approval of my Appointing Authority and that my agency, and its own discretion, may impose certain requirements for the approval of requests for voluntary furlough.

Employee Signature

Date